Kardiologia Polska
2012; 70, 2: 204–205
ISSN 0022–9032

Oskar Widmann, a significant Polish contributor to the investigation of the symptoms and pathology of tetralogy prior to Etienne-Louis Arthur Fallot

Oskar Widmann, polski kardiolog, który wniósł istotny wkład w badania nad objawami i patologią zespołu czworaczego przed Etienne-Louisem Arthurem Fallotem

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Tetralogy of Fallot (TOF) is a common eponym used in paediatric cardiology to refer to the congenital heart defect described by Etienne-Louis Arthur Fallot in 1888 in the French journal 'Marseille Medical' [1]. The term TOF was not popularised by professor Fallot himself, his name becoming identified with this condition after Maude Abbott, the founder of paediatric cardiology, was probably the first to use the eponym in the English language. Before this, many other investigators gave valuable reports about pathologies with a similar anatomy prior to professor Fallot.

The names of these investigators into tetralogy, despite the great worth of their endeavours, never became synonymous with the defect, The authors who are commonly listed as the clinicians and scientists who described congenital ventricular septal defects with overriding aorta, pulmonary stenosis and right ventricular hypertrophy before 1888 were: Niels Stensen (1671), Eduard Sandiford (1777), William Hunter (1784), J.P. Farre (1814), E. Gintrac, Thomas Bevill Peacock (1846) [2], and the lesser known Polish clinician Oskar Widmann (1881) [3].

We would like to point out that among the reports that were published before 1888, the date of Fallot's report, is the noteworthy contribution of the Polish professor of medicine Oskar Widmann, who described and published in 1881 in the Polish medical periodical 'Medical Review' his report of congenital malformation that is undoubtedly equal to the presently diagnosed tetralogy. The TOF is now the fifth or sixth commonest neonatal congenital cardiac pathology in the Caucasian population, with today well-established techniques of treatment, satisfactory results and prognoses.

We would like to outline this valuable Polish contribution to scientific progress in the field of clinical symptoms and pathology examinations of the congenital heart defect now known as TOF, which is the eponym of pulmonary artery stenosis, ventricular septal defect, rightward overriding aorta and right ventricular hypertrophy.

Oskar Widmann was born in 1839 in Lvov, Poland. After finishing his secondary school in St. Petersburg, he began his medical education at Vienna University in 1860, and continued his studies at the Jagiellonian University in Krakow. In 1866, he completed his doctoral thesis, while keeping an assistant position in the Chair of Physiology at the Jagiellonian University. In 1867, he became an assistant in internal medicine in the General Hospital in Lvov; he afterwards practiced in a psychiatric department, and in the Department of Therapy at the Medical University of Lvov. In 1870, he was honoured with a *primarius* position in the General Hospital in Lvov, first as an assistant-professor, and finally was made full-time professor in the Chair of Internal Medicine at the Medical University of Lvov in 1898. He

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became well-known for his numerous works in the field of cardiovascular medicine, and in 1879 he published the first Polish clinical cardiology handbook, one of the first of its kind anywhere in the world.

The most valuable achievement of Oskar Widmann is the case report published in 1881 entitled 'A case of pulmonary artery stenosis'. This was a meticulous and precise description of the symptoms and clinical course of the pathology now known as TOF [3]. His report was published seven years prior to the original paper of Etienne-Louis Fallot, which is commonly — although incorrectly — regarded as the first description of the pathology. Widmann's report was based upon regular clinical status observation and controls of a boy who was his patient from 1873 for seven years, until dying as a teenager in 1880. The post mortem examination provided the first established clinical diagnosis of right ventricular outflow tract and pulmonary stenosis, with ventricular septal defect. Moreover, in a very precise autopsy report, Oskar Widmann was the first to describe an additional accompanying pathology: a double-chamber right ventricle, probably the first such report in world literature.

Our intention is not to erase the eponym of TOF. But if there should be interest as to who might have provided the name for this popular cardiovascular pathology, regarding the historic facts and the understandable need to acknowledge Polish landmarks in the progress of world science, we strongly recommend Polish medical staff to remember the personality of professor Oskar Widmann and his valuable contribution to investigating the pathology of TOF.

Conflict of interest: *none declared*

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ERRATA

W Suplemencie VII/2010 do „Kardiologii Polskiej" pt. „Wytyczne Europejskiego Towarzystwa Kardiologicznego dotyczące postępowania u chorych z migotaniem przedsionków" błędnie przetłumaczono zdanie na stronie S 550 (wiersz 1). Powinno ono brzmieć:
„Udowodniono, że u pacjentów z niewydolnością serca i AF strategia utrzymania rytmu zatokowego nie jest korzystniejsza niż kontrola częstotliwości rytmu komór".

W Suplemencie V/2011 do „Kardiologii Polskiej" pt. „Wytyczne dotyczące diagnostyki i leczenia ostrych zespołów wieńcowych bez przetrwałego uniesienia odcinka ST" błędnie przetłumaczono zdanie na stronie S 252 (kolumna 2, wiersz 4 od dołu). Powinno ono brzmieć:
„Alternatywnym postępowaniem jest zastosowanie bezpośrednich inhibitorów trombiny (...)".

oraz zdania w tabeli na stronie S 253 i w tabeli na stronie S 259, które powinny brzmieć, odpowiednio:
„Blokada aldosteronu poprzez stosowanie eplerenonu jest wskazana u chorych po MI leczonych inhibitorami ACE i β-adrenolitykami, z LVEF wynoszącą ≤ 35% i z cukrzycą lub z LVEF ≤ 35% i z niewydolnością serca, bez istotnej dysfunkcji nerek [stężenie kreatyniny w surowicy > 221 μmol/l (> 2,5 mg/dl) u mężczyzn i > 177 μmol/l (> 2,0 mg/dl) u kobiet] i hiperkaliemii".

i

„Jeśli czynność LV jest upośledzona (LVEF ≤ 35%) i występuje cukrzyca oraz gdy czynność LV jest upośledzona (LVEF ≤ 35%) i występuje niewydolność serca, bez istotnej dysfunkcji nerek".